

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/									
2	/									
3	/									
4	/									
5	/									
6	/									
7	/									
8	/									
9	/									
10	/									
11	/									
12	/									
13	/									
14	/									
15	/									
16	/									
17	/									
18	/									
19	/									
20	/									
21	/									
22	/									
23	/									
24	/									
25	/									
26	/									
27	/									
28	/									
29	/									
30	/									
31	/									
32	/									
33	/									
34	/									
35	/									
36	/									
37	/									
38	/									
39	/									
40	/									
41	/									
42	/									
43										
44										
45										
46										
47										
48										
49										
50										
Total Indep										
Total Depend										
Total Claims										